

# Checklist for Interpreting Physicians

**Name:** \_\_\_\_\_  
*You will need to make a copy of this form and use it for each interpreting physician at the facility. Please submit the requested document for each qualification listed below. **Attach** the required documentation to each form. **Do not send copies of DEA numbers, Controlled Substance license, or a current ACR Section K.***

## **1. Initial qualifications:**

- ☐ Texas Board of Medical Examiner's License - (copy of current license)

**Date you started interpreting mammograms or  
qualifying date as established by MQSA inspector:**

\_\_\_\_\_  
(Month, Day , Year)

## **2. Based on the date stated above, select the proper category and submit the requested documentation.**

**If you qualified prior to 04-28-1999, you must submit documentation of the following:**

- ☐ ABR, AOBR or other certification body approved by FDA - (copy of certificate), **or**  
Equivalent formal training, which includes two months of documented full-time training in interpretation of mammograms, including instruction in radiation physics, radiation effects and radiation protection. (Letter from the residency program director)
- ☐ \*40 hrs formal training in mammography (self-attestation **or** letter from residency program director)
- ☐ \*have read and interpreted 240 mammograms under the direct supervision of a qualified interpreting physician within a 6 month period. (self-attestation **or** letter from residency program director)

***If you qualified prior to 10-01-1994, direct supervision was not applicable.***

*Note: for those physicians who were in practice prior to October 1, 1994, a self-attestation will be accepted for those items with a \* beside them. Self-attestations must state that these qualifications were met "**prior to 10-01-1994**". For physicians who completed their training after October 1, 1994, documentation must be submitted for all qualifications.*

**If you qualified after 04-28-1999, you must submit documentation of the following:**

- ☐ ABR, AOBR or other certification body approved by FDA - (copy of certificate), **or**  
Equivalent formal training, which includes three months of documented full-time training in interpretation of mammograms, including instruction in radiation physics, radiation effects and radiation protection. (letter from the residency program director)
- ☐ 60 hrs formal training in mammography ( letter from residency program director)
- ☐ If you **passed your board at the first available opportunity**, you will need to submit documentation that you have read and interpreted 240 mammograms under the direct supervision of a qualified interpreting physician within a 6 month period during the last 2 years of the residency program. (letter from residency program director) **or**  
If you **did not take your board at the first available opportunity**, you will need to submit documentation that you read and interpreted 240 mammograms under direct supervision of a qualified interpreting physician within the six month period prior to qualifying as an interpreting physician. (letter from supervising physician)

## **3. Continuing experience and education:**

- ☐ have read and interpreted mammograms for an average of 40 mammograms/month for 24 months (960 total) (Documentation of numbers from the facility are required, self-attestations are **not** allowed)
- ☐ 15 continuing education units (CEUs) in **mammography** over a 3 year period (copies of mammography certificates, *do not send any other certificates*)